SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County

Address to send permit

(715) 373-6138

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN ENTERE Date Stamp (Received) JUL 10 2020 Bayfield Co. Zoning Dept.

Permit #: 20-0183 7-28-20 \$125 7-14-20 Amount Paid: Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.

TYPE OF PERMIT R Owner's Name:				E BEEN ISSUED TO APPL	ICANI.									
Owner's Name:					RY 🗆	PRIVY 🗆	CONDITIO	A 100 A		IAL USE	☐ B.O.	San In the	OTHER	
Amenzal	nB	iric	eber	ner Ma	iling Addre		1		State/Zip:			Telepho		
Owner's Name: Timenical Ski Fi	oun	da	tier	P_{i}	0.B	149	11 1	4	yward, i	1154	1843			025
Address of Property	:			City	//State/Zi	p:						Cell Pho	ne:	
148751	nol	Var	ignt,				V1 5	78	321					
Contractor: Amen Cur	n 2	14	o hoi	Cor 7/9	tractor Ph	none:	Plumber:					Plumbe	r Phone	:
Authorized Agent:					nt Phone:		Agent Mailin	g Add	Iress (include City/S	tate/Zip):		Writter	Author	ization
										/ /- /-		Attache	d	
PROJECT				PIN	: (23 digits)	#3	72	36	Recorded	Documer	t: (i.e. Pro	□ No	wnership)
LOCATION	Legal	Descrip	tion: (Use T	ax Statement) 04-	012-	2-43-0	7-20-	100	7-000-		2015			0530
			Gov't	Lot Lot(s)	CSM	Vol & Page	Lot(s	s) No.		Subdivisi	on:			
1/4, _		_ 1/4		1 1	1939	1.11 1.25	本	/		-	-			
Section Z	0	nwnshir	43	N, Range 07 W		Town of:	1 -			Lot Size		Acre		7 - 2
				v, nunge vv		Cab	10					30	2	10
	☐ Is I	Property	/Land within	n 300 feet of River, St	ream (inc	I. Intermittent)	Distance	Struc	cture is from Shor	eline :	Is Pro	perty in	Δre	Wetlands
☐ Shoreland —		k or Lan	dward side o	of Floodplain?	yescor	ntinue ->			=	feet		ain Zone?	1	resent?
_ Shoreland _	☐ Is F	roperty	/Land within	n 1000 feet of Lake, P			Distance	Struc	cture is from Shor			Yes		□ Yes ►No
V 11 01 1 1				lî	yescor	ntinue -				feet	— >	No		
Non-Shoreland	-			7										
Value at Time				与共扩展 表型								J. Her.	AL.	
of Completion		Proje	ct	# of Stories		Use	# of		Sour	What Ty				Metan
* include donated time &				and/or basement		Use	bedroor	ms		er/Sanita on the pi				Water
material	NO PE						i Balarta						10.4	
			ruction	1-Story		easonal			☐ Municipal/		if Tues.			☐ City
\$ 0000		version	Alteration	☐ 1-Story + Loft☐ 2-Story		ear Round	□ 2		☐ (New) Sanit				_	□ Well
10,000			xisting bldg)	Basement	+				☐ Privy (Pit)				lon)	
11 = 1			ness on	✓ No Basement			None	e	☐ Portable (w					
		perty		☐ Foundation					☐ Compost To	ilet				
									None					
Existing Structur	e: (if pe	rmit bei	ng applied fo	or is relevant to it)	Leng	th:			Width:		Н	eight:		
Proposed Constr	ruction:				Leng	th:			Width:		Н	eight:		
Duran d III			In State			161	年 中2757	346		10 1732			So	quare
Proposed Us	se	1			Propo	sed Structu	ire				Dimensio	ons		otage
				Structure (first str						(Х)		
-			Residenc	e (i.e. cabin, huntin	g shack,	etc.)				(X)		
Residential	Use			with Loft with a Porch						1	X			
				with (2 nd) Porch						1	Х)		
-														
1				with a Deck						(Х)		
				with (2 nd) Deck					·	(Х)		
Commercia	l Use			with (2 nd) Deck with Attached G						(X)		
Commercia	l Use			with (2 nd) Deck with Attached G se w/ (□ sanitary, on	sleep	ing quarters	, <u>or</u> □ cooki	ing &	food prep facilitie	((s) (X)		
ズ Commercia	l Use		Mobile H	with (2 nd) Deck with Attached G se w/ (□ sanitary, or ome (manufactured	g □ sleep					-11	X X X)		
Commercia Municipal U		□ ※	Mobile H Addition	with (2 nd) Deck with Attached G se w/ (sanitary, of ome (manufactured /Alteration (specify	date)					((s) (2) (/	X X X X X)	12	20
		□ >	Mobile H Addition, Accessor	with (2 nd) Deck with Attached G se w/ (sanitary, or ome (manufactured /Alteration (specify y Building (specify	date) () Er	ntry-	open	St	netre	-11	X X X X D X/))))))))))))))))))))	12	20
		□ ※	Mobile H Addition, Accessor	with (2 nd) Deck with Attached G se w/ (sanitary, of ome (manufactured /Alteration (specify	date) () Er	ntry-	open	St	netre	-11	X X X X X))))))))))))))))))))	12	20
		□ >	Mobile H Addition, Accessor Accessor	with (2 nd) Deck with Attached G se w/ (sanitary, or ome (manufactured /Alteration (specify y Building (specify y Building Addition	date)	ion (specify	epen	St	netre	-11	X X X X D X/))))))))))))))))))))	12	20
			Mobile H Addition, Accessor Accessor Special U	with (2 nd) Deck with Attached G se w/ (sanitary, or ome (manufactured /Alteration (specify y Building (specify y Building Addition se: (explain)	date)	ion (specify	epen	St	netre	-11	x x x x x y x x))))))))))))))))))))	12	20
			Mobile H Addition, Accessor Accessor Special U Condition	with (2 nd) Deck with Attached G se w/ (sanitary, or ome (manufactured /Alteration (specify y Building (specify y Building Addition	date)	ion (specify	epen	St	netre	(2) (12)	X X X X 2 X / X X)	12	00
			Mobile H Addition, Accessor Accessor Special U Condition Other: (e)	with (2 nd) Deck with Attached G se w/ (□ sanitary, or ome (manufactured /Alteration (specify y Building (specify y Building Addition se: (explain) al Use: (explain)	date)	ion (specify	n	St	newreg	((((((((((((((((((((X X X X 2 X / X X)	12	00
☐ Municipal U	Jse		Mobile H Addition, Accessor Accessor Special U Condition Other: (e) FAILURE TC	with (2 nd) Deck with Attached G se w/ (sanitary, or ome (manufactured /Alteration (specify y Building (specify y Building Addition se: (explain) and Use: (explain)	date)	ion (specify	WITHOUT A P e best of my (or	ST.	TWILL RESULT IN PER	() () () () () () () () () ()	X X X X X X X X X X X X AV (Complete.))) (we) ackno	1, 9	at I (we)
Municipal L	Jse ais applicatic for the det ayfield Cou	on (includin ail and accumbly relying	Mobile H Addition, Accessor Accessor Special U Condition Other: (e: FAILURE TC g any accompaniary of all information on this information	with (2 nd) Deck with Attached G se w/ (sanitary, or ome (manufactured /Alteration (specify y Building (specify y Building Addition se: (explain)	date)	ion (specify	WITHOUT A P e best of my (ou upon by Bayfiel	STO	TWILL RESULT IN PER Wledge and belief it is truty in determining wheth	VALTIES Jee, correct an	X X X X X X X X X AV** d complete. permit. I (we))) (we) acknowly further acc	l, 9	at I (we)
I (we) declare that the am (are) responsible may be a result of B above described pro	Jse ais applicatic for the det ayfield Cou	on (includin ail and accumbly relying	Mobile H Addition, Accessor Accessor Special U Condition Other: (e: FAILURE TC g any accompaniary of all information on this information	with (2 nd) Deck with Attached G se w/ (sanitary, or ome (manufactured /Alteration (specify y Building (specify y Building Addition se: (explain)	date)	ion (specify	WITHOUT A P e best of my (ou upon by Bayfiel	STO	TWILL RESULT IN PER Wledge and belief it is truty in determining wheth	NALTIES ue, correct an er to issue a a administerir	X X X X X X X X X X X X X X X Q X X X Q X X Q X X Q X X Q X)) (we) acknown action of further accilinances to i	l, 9	at I (we)
I (we) declare that the am (are) responsible may be a result of B	Jse his application for the det applied Cou perty at any	on (includin ail and accumity relying reasonable	Mobile H Addition, Accessor Accessor Special U Condition Other: (e) FAILURE TC g any accompany tracy of all inform on this informate time for the pu	with (2 nd) Deck with Attached G se w/ (sanitary, or ome (manufactured /Alteration (specify y Building (specify y Building Addition se: (explain) and Use: (explain) copplain (specify y Building Addition se: (explain) copplai	date)	ion (specify	WITHOUT A P e best of my (ou upon by Bayfiel I (we) consent t	ST ST PERMITO VICTORIAN ST ST ST ST ST ST ST ST ST ST ST ST ST	TWILL RESULT IN PER Wledge and belief it is truty in determining wheth	NALTIES Le, correct an er to issue a a administerir	X X X X X X X X X AV** d complete. permit. I (we)) (we) acknown action of further accilinances to i	l, 9	at I (we)

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) mit

PO BOX 911 Heavier We STH-14

box below: Draw or Sketch your Property (regardless of what you are applying for) (1) Show Location of: **Proposed Construction** (2) Show / Indicate: North (N) on Plot Plan Show Location of (*): (3) (*) Driveway and (*) Frontage Road (Name Frontage Road) (4)Show: All Existing Structures on your Property Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (6) (7) Show any (*): (*) Wetlands; or (*) Slopes over 20% * SEE ATTACKED DRAWINGS

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	- Feet
Setback from the North Lot Line	32 / Feet		
Setback from the South Lot Line	12 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	2,35/ Feet	20% Slope Area on property	☐ Yes No
Setback from the East Lot Line	42 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	- Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:			
Permit Denied (Date):	Reason for Denial:						
Permit #: 20 - 0183	Permit Date: 7-28	3-20					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes (Fused/Contigue) Yes Yes	uous Lot(s))	Mitigation Required Mitigation Attached	□ Yes ☑No □ Yes ☑No	Affidavit Required Affidavit Attached			
Granted by Variance (B.O.A.) ☐ Yes → No Case #:		Previously Granted by Yes • No	y Variance (B.O.A.)	e #:			
3 .		Were Property Line	es Represented by Owner Was Property Surveyed	☐ Yes			
Inspection Record:		1		Zoning District (Lakes Classification ()		
Date of Inspection: 7/16/20	Inspected by:	4		Date of Re-Inspection:			
Condition(s):Town, Committee or Board Conditions Atta Build Get V	ched? Ves No-III	No they need to be attack	ched.)				
Signature of Inspector:				Date of Approval:	1/24/2		
Hold For Sanitary: Hold For TBA:	Hold For Affic	lavit: 🗌	Hold For Fees:		1		

City, Village, State or Federal May Also Be Required

SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	20	0-0	183			Issue	d To: S	ki Fou	ndation Inc	7.							
Location:	-		1/4	of	-	1/4	Section	20	Township	43	N.	Range	7	W.	Town of	Cable	
Gov't Lot					Lot	1	ВІ	ock	Sul	bdivisio	on				CSM#1	1939	

For: Commercial Principal Addition: [1-Story; Entry (10' x 12') = 120 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Build as proposed. Get required building inspections.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

July 28, 2020

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN Date Stamp (Received) JUL 17 2020

Permit #: 7-218-20 \$150 7-20-20 Date: Amount Paid: Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.

Bayfield Co. Zoning Dept.

Checks are made pa	-	-				D TO 4D	DUCA		lata at	Anallant		UCT be sub-		200	OUT IN INW /	NO DE	ICH V
DO NOT START CO												IUST be sub		74004/00	OUT IN INK (NO PER	VCIL)
TYPE OF PERMIT	REQUEST	ED-►	1	LANE	USE [SAN			VY	□ CON	DITIC	NAL USE	☐ SPECIA	L USE	□ B.O.A. □	OTHE	
Owner's Name:	=1		2001		İ			ddress: W TAUI	MAN	Wibs	W	Cabl			4821	Telepho	
Address of Proper			<u>109W1</u>	20	,	2)	City	/State/Zip	וועטיי	וא גורי		C491	e w/		1801		198-3931
45995 W	TAHK	0194	LKR	ď				/State/Zip:	sle	N	1	5480	3/			Cell Pho	one:
Contractor:	(10	18707	New		,	Con	tracto	r Phone:		Plur	mber:					Plumbe	er Phone:
	Self	M						AME OF THE					/: I I O''	10			
Authorized Agent:	(Person Sign	ing Applic	cation on behal	t of Ow	vner(s))	Age	nt Pho	one:		Age	nt IVIa	iling Address	i (include Cit	y/State/	Zip):	Writter Author Attache	ization
PROJECT LOCATION	<u>Legal I</u>	Descrip	tion: (Use T	ax Sta	tement)		Tax	1D# 83	77	/			Ж		ded Document:	Showing 535	
NE 1/4,	NN 1	/4	Gov't Lot		Lot(s)	CSM 986		1 & Page	CSN	/I Doc#		Lot(s) #	Block #	Subdi	vision:		
Section	3 , Towr	nship _	√3 N, R	ange	7	W		Town o	f: Ca	able	10 W 10			Lot Siz	e 1,930 59 As	∠ Acre	age
	Creek		/Land withindward side of					(incl. Intermi		Distar	nce St	ructure is fr	om Shoreli		Is your Prope in Floodplai	rty ,	Are Wetlands Present?
★ Shoreland –	≱ Is P	roperty	/Land withi	n 100	0 feet of			r Flowage -continue	→	Distar	nce St	ructure is fr	om Shoreli	ne : feet	Zone? Ves No		No No
☐ Non-Shoreland	1							_ = _	=						2110		
				STEAL ST	WWW.					Sing Projection				Minese V.		I B J S S	
Value at Time of Completion											al # o			hat Ty			Type of
* include		Projec	t	#	Project of Storie	Table 1		Project undation		100	room <mark>on</mark>	IS			y System(s) operty <u>or</u>		Water on
donated time & material					OI Stori		·	unuation		1000	perty	,		-	property?		property
<u> </u>	□ New	Constr	uction	X	1-Story		□В	asement			1	☐ Mu	nicipal/Cit		niew de la cinal de la	531166	☐ City
ς	المامانية	ion/Al	teration	5 64	1-Story	í	5/ 5		_	П.			w) Sanita		cify Type:		
\$	> Addit	ion/Ai	teration		Loft	★ Foundation										B Well Point	
25,000	☐ Conv	ersion			2-Story		□ S	lab		×:	3	⊠ Sar	itary (Exis	ts) Spe	cify Type: Gravity	/	
	☐ Reloc	ate (exi	sting bldg)											✓ Vaulted (min 200 gallon)			174
£		Busin						Use			None		table (w/s			1	
	Prope	rty					ΧY	ear Roun	d			☐ Coi	npost Toil	et]
									_			□ No	ne				
Existing Structu	ıre: (if addi	tion, alt	eration or bu	siness	is being a	pplied f	or)	Length:		42		Width:	28	?	Height	â.	5
Proposed Cons								Length:		16		Width:	16		Height		,
	V/=0147.51									18	6.50		14	<i>,</i>		/	6
Proposed (Jse	1					Pro	posed St	ructu	ire					Dimensions		Square Footage
			Principal	Stru	cture (fi	rst stru	ıctur	e on prop	erty)					(Х)	J
			Residenc	e (i.e	. cabin, l	hunting	g sha	ck, etc.)						(Χ)	
Residentia	ıl Use				ith Loft									(Х)	
					ith a Por									(Х)	
	-				ith (2 nd) ith a De									(X)	
	}				ith (2 nd)									1	X	<u> </u>	
☐ Commerci	al Use				ith Atta		arag	Δ						1	X	<u>, </u>	
			Runkhou						ortors	or 🗆 66	aking	g & food pre	a facilities)	1	Х	١	
-	ŀ		Mobile H						arters	, <u>or</u> 🗆 cc	JUKITE	g & 1000 pre	o racilities)	1	X	1	
		X	Addition				-		2	Porc	h	entry	00	1	16 × 126) <u> </u>	160
[™] Municipal	Use		Accessor						1	1016		erity	3		8 x 146		3 9
	, _		Accessor						xplair	n)				1	X × /76)	
														1	X		
			Special U Condition											1	X	1	
13.8			Other: (e											1 ,		1 1	00
		Lag		- 1-1											06 x 8	i d	08
I (we) declare that the (are) responsible for result of Bayfield Co property at any reas	the detail and unty relying or	accuracy on this infor	any accompanyir of all information mation I (we) an	ng infor I (we) a n (are) p	mation) has l am (are) prov	been exan viding and	nined b that it	y me (us) and will be relied	to the b upon by	est of my (o Bayfield Co	our) kno ounty ir	determining wh	ef it is true, cor ether to issue a	rect and co permit. I nty ordina	(we) further accept nces to have access	liability whi to the abov	ich may be a ve described
Owner(s):	1/00	mu -	109	Men	woors mu	et cian o	rlotto	r(c) of auth	orizat	ion must	20000	npany this ap	olication	Da	te <u>7-R-</u>	dode)

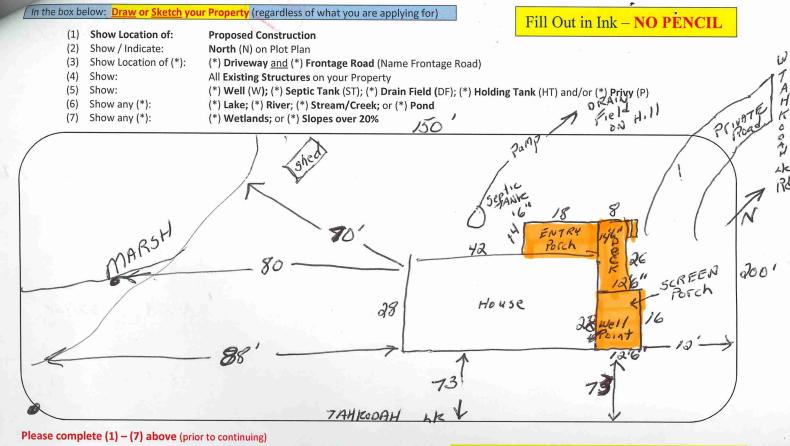
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Address to send permit 45995 W. 7AHKOOAH

Date ___

Authorized Agent: _

Attach

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed



(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	100 Feet	Setback from the Lake (ordinary high-water mark)	73 Feet
Setback from the Established Right-of-Way	40) Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet	Tarabana de la companya della companya della companya de la companya de la companya della compan	Thomas P. 1
Setback from the South Lot Line	80 Seet	Setback from Wetland	70 Feet
Setback from the West Lot Line	150 Feet	20% Slope Area on the property	☐ Yes XNo
Setback from the East Lot Line	73 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	5 Feet	Setback to Well SAND Pount 1050	Feet
Setback to Drain Field	160 Feet	WAIR out Besoment	4.
Setback to Privy (Portable, Composting)	Feet	Warner Out Official	1

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult

to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	16-775	# of bedrooms: 3	Sanitary Date: 8/3/16	6
Permit Denied (Date):	Reason for Denial:	HARAGA HARA			
Permit #: 20 -0186	Permit Date: 7-28	7-20			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recor Yes Y	ious Lot(s))	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☑ No		No No
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by ☐ Yes ☑ No	/ Variance (B.O.A.)	e #:	
		Were Property Line	es Represented by Owner Was Property Surveyed		□ No
Inspection Record:		1		Zoning District (A-AB) Lakes Classification (2	}
Date of Inspection: 6/21/20	Inspected by:			Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Atta No Add 'From Get Vage	iched? Ses No-(III	No they need to be atta s wo perm Inspertio	nched.) 153 15		
Signature of Inspector:				Date of Approval:	1/2
Hold For Sanitary: 🗆 Hold For TBA: 🗆 _	Hold For Affi	davit: 🗌	Hold For Fees:		

City, Village, State or Federal
May Also Be Required
After-the-Fact

LAND USE - X
SANITARY - 16-77S

SIGN SPECIAL CONDITIONAL BOA -

or if any prohibitory conditions are violated.

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	20	-0186			Issue	d To:	Michae	l Pogwizd								
Location:	-	1/4	of	_	1/4	Sectio	n 3	Township	43	N.	Range	7	W.	Town of	Cable	
Gov't Lot		=	L	.ot	1	Į.	Block	Sul	odivisio	on	-			CSM# 9	986	

For: Residential Addition / Alteration: [1- Story; Covered Porch / Deck (16' x 12') (18' x 14') = 459 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting

Condition(s): No additional alterations without permits. Get required UDC inspections.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

		Tracy Pooler
NOTE:	This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.	Authorized Issuing Official
	Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.	July 28, 2020
	This permit may be void or revoked if any performance conditions are not completed	Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

JUL 2 4 2020

Bayfield Co. Zoning Dept.

Permit #:	20-0192
Date:	7-30-20
Amount Paid:	\$100 7-27-20
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL

DO NOT START CO					210 A	Oligine	ai Api	incation j	ivius i be su	Siliteca	116	LOUI IN INK	IVO I L	IVCIL
TYPE OF PERMIT	REQUES	TED-		LAND USE	SAN	ITARY PRIVY		CONDITI	ONAL USE	☐ SPECIA	L USE	☐ B.O.A.	□ ОТН	ER
Raymond 1	1 & Sh	ellie	9Mil	Ford	Mai 167	ling Address: 45 Tah kodah	-	.ke	Cab C	e/Zip:	nsin	54821	Teleph 715	ione: .798.3731
Address of Proper 16745 1 at	rkoda	h La	ke Rd			City/State/Zip:	l	548	21				Cell Ph	none:715.
Contractor:	y bar	nge	USAIN	10		tractor Phone: 8 +29.5106		Plumber	NA				Plumb	er Phone:
Authorized Agent:	(Person Sig	ning Appli	cation on beha	lf of Owner(s))		nt Phone:		Agent M	lailing Addre	ss (include Cit	y/State/	/Zip):	Writte	n
	nee l			9		-		5380	a Mille	V Trur		W4 55811	Attach	□ No
PROJECT LOCATION	<u>Legal</u>	Descrip	tion: (Use T	ax Statement)		Tax ID# 85	73					ded Document:	(Showing	Ownership)
<u>NE</u> 1/4, 1	VE.	1/4	Gov't Lot	Lot(s)	CSM	Vol & Page CS	SM Do	oc#	Lot(s) #	Block #	Subdi	vision:		
Section 10	, Tow	nship _	43 N, F	lange <u>07</u>	w	Town of:	201	ole			Lot Si	ze	Acr	eage 7, 2
						ream (incl. Intermittent)) [structure is	from Shoreli		Is your Prope		Are Wetlands
☐ Shoreland -	_			of Floodplain? n 1000 feet of L		yescontinue		istana C	100	f.,, Ch!	feet	in Floodpla Zone?	in	Present? Ves
1 2	_ IS	- operty	, cana with	1000 leet of L		yescontinue —	100	istance S	ucture is	from Shoreli	ne : _ feet	☐ Yes ➢ No		X No
X Non-Shoreland	d													
Value at Time			war in the					Total #	of	W	/hat Ty	pe of		Type of
of Completion * include		Projec	t	Project		Project		bedroor	ns	Sewer/s	Sanitar	y System(s)		Water
donated time				# of Storie	S	Foundation		nroperi	· ·			operty <u>or</u> property?		on
& material	New	Constr	uction	1-Story		☐ Basement		property Will be				property:	and the second	property ☐ City
	/ □ Addi	tion/Al	teration	☐ 1-Story +		☐ Foundation		□ 2		lew) Sanita	-	cify Type:		Well
\$ 40,000	☐ Conv	ersion		2-Story	1	✓ Slab		X 3	X Sa	nitary (Exis	ts) Spe	ecify Type:		
	☐ Relo	cate (exi	sting bldg)							rivy (Pit) or	_	aulted (min 20	O gallon	
	☐ Run a	a Busin	ess on		- 4	Use		□ Non		ortable (w/s			o gamerr,	
^	Prop	erty			_	☐ Year Round	_			ompost Toil	et			
							2-6		□ N	one	-			
Existing Structu	ıre: (if add	lition, alt	eration or bu	siness is being ap	plied fo				Width			Height	-	
Proposed Cons	truction:	(overa	all dimension	ns)		Length:	37	2	Width	30	,	Height		7
Proposed (Jse	1				Proposed Struct	ure				1	Dimensions		Square Footage
-						cture on property	/)				(Х)	
			Residenc	e (i.e. cabin, h with Loft	unting	g shack, etc.)					(X)	
Residentia	l Use			with a Por	ch						1	X)	
				with (2 nd) I							(X)	
				with a Dec							(Х)	
│ □ Commerci	al Use			with (2 nd) I							(Х)	¥
		XV		with Attac							()	Х)	*
						sleeping quarter					(Х)	
			Nobile H	Ome (manufac	tured o	late)					(X)	
☐ Municipal	Use	<u>'</u> ≰	Accessor	/Alteration (ex	xpiain)	Garage					1	X)	9/2
			Accessor	v Building Ad	dition	Alteration (explai	in)				1 5	Z X 30 X	1	160
											1	X		
1			Condition	nal Use: (explain)	in)	and a	1.4-	~ 6-1	N. A.	C. N.	(X)	
			Other: (e								(Х)	
			FAILURE TO	OBTAIN A PERMI	T <u>or</u> STA	RTING CONSTRUCTION	WITH	IOUT A PER	RMIT WILL RE	SULT IN PENAL	TIES	4,4:		
I (we) declare that thi (are) responsible for t result of Bayfield	s application the detail and unty relying or	(including a acouracy o this inform	ny accompanyir	g information) has b	een exam	ined by me (us) and to the that it will be relied upon b s application. I (we) consen	best o	f mv (our) kr	owledge and be	lief it is true con	ect and co	omplete. I (we) ackn (we) further accept nces to have access	owledge th liability wh to the abo	nat I (we) am ich may be a ve described

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Owners listed on the peed All Owners must sign or letter(s) of authorization must accompany this application)

Owner(s):

Authorized Agent: _

Address to send permit

Attach

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE ox below: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL Show Location of: **Proposed Construction** (1) Show / Indicate: North (N) on Plot Plan (2) (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (4)Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) Show: (5)(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (6)Show any (*): Show any (*): (*) Wetlands; or (*) Slopes over 20% (7)3 24.4 IPY 150 M e complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Setbac Measurem			Description	Setback Measurement	
Setback from the Centerline of Platted Road		Feet		Setback from the Lake (ordinary high-water mark)		Feet
Setback from the Established Right-of-Way	8192	Feet		Setback from the River, Stream, Creek	750	Feet
				Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	3/	Feet	au.ii			
Setback from the South Lot Line	1200	Feet		Setback from Wetland	NIM	Feet
Setback from the West Lot Line	3/	Feet		20% Slope Area on the property	🗆 Yes 🚽	No
Setback from the East Lot Line	500	Feet		Elevation of Floodplain	NA	Feet
Setback to Septic Tank or Holding Tank	150	Feet		Setback to Well	70	Feet
Setback to Drain Field	150	Feet				
Setback to Privy (Portable, Composting)		Feet				_

Prior to the placement or construction or a structure within ten (10) feet of the minimum re other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be narked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.
You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:				
Permit Denied (Date):	Reason for Denial:							
Permit #: 20-0192	Permit Date: 7-3	020						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Reconductive Yes) (Fused/Contigue Yes)	ous Lot(s))	Mitigation Required Mitigation Attached		Affidavit Required Affidavit Attached □ Yes □ No □ Yes □ No				
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by Variance (B.O.A.) ☐ Yes No Case #:						
Was Parcel Legally Created Was Proposed Building Site Delineated ✓Yes □ No		Were Property Line	es Represented by Owner Was Property Surveyed	☐ Yes ☐ No ☐ No ☐ No				
Inspection Record: Well 5 Taked Pro	yline a str	neture		Zoning District (F/) Lakes Classification (V/A)				
Date of Inspection: 7/28/20	Inspected by:	ode		Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Atta MAINTUIN Get UPC Signature of Inspectors	ched? Yes No-(if Setbacks, napertions if rized water	no they need to be atta required exters 9/70	iched.)	ic permit requireb				
Signature of Inspector:				Date of Approval 7/30/20				
Hold For Sanitary: Hold For TBA:	Hold For Affi	davit: 🗌	Hold For Fees:					

2

Setbacks: (measured to the closest point)

own, City, Village, State or Federal permits May Also Be Required

or if any prohibitory conditions are violated.

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	20-0192				Issued To: Raymond & Shellie Milford							-			
Location:	NE	1/4	of	NE	1/4	Section	10	Township	43	N.	Range	7	W.	Town of	Cable
Gov't Lot			L	.ot		Blo	ck	Sul	bdivisio	on				CSM#	

For: Residential Accessory Structure: [1- Story; Garage (32' x 30') = 960 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Maintain setbacks, get required UDC inspections if required. If pressurized water enters structure septic permit required.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

Tracy Pooler

Authorized Issuing Official

July 30, 2020

Date